MARYLAND STATE DEPARTMENT OF HEALTH

09339

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester X; LENGTH OF STAY (in this place) 63 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester X; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Otis (Last) Coursey

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 24 1890

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Coursey

14. MOTHER'S MAIDEN NAME: Lulian Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-24-6007

17. INFORMANT AND ADDRESS: Daughter - Mrs. Caroline Stakiel - Chester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	—
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	6wks
	(c) Arterio-Sclerotic Cardiovascular-Renal Disease	2yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 51, to Sept., 19 53, that I last saw the deceased alive on Sept 8, 19 53, and that death occurred at 12 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin D. Hoff MD ADDRESS Queenstown Md. DATE SIGNED 9/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 22/53 | NAME OF CEMETERY OR CREMATORY Stevensville | LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. Sept 22/1953 | REGISTRAR'S SIGNATURE Elizabeth Hopkins | 24. FUNERAL DIRECTOR Barton Bros Centreville ADDRESS Md

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09340

Reg. Dist. No. 2321

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
STREET ADDRESS (If rural give location) Centreville Landing

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BERTHA TEAT FRAMPTON

4. DATE OF DEATH: (Month) (Day) (Year) Sept-3 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug 17- 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josuha Teat
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Clough

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 220-16-9260
17. INFORMANT & ADDRESS: John Denny Frampton Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

442X

Immediate cause (a) Nephrotic Sis. + Heart

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..... to 9-3, 1953 that I last saw the deceased alive on 9/3, 1953 and that death occurred at 8 30 A.M. from the causes and on the date stated above.

SIGNATURE: H. F. McPherson M.D. (Degree or title)
ADDRESS: Centreville
DATE SIGNED: 9/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 6-53
NAME OF CEMETERY OR CREMATORY: Chesterfield Cemetery
LOCATION (City, town, or county) (State): Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR: 9-5-53
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: Barton Bros Centreville
ADDRESS: Maryland

M

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VS A15 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 11 1953
BUREAU V. S.

09341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elda (Middle) Willard (Last) Gardner

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 1-1879

9. AGE last birthday: 73 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Gardner

14. MOTHER'S MAIDEN NAME: Bessie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Myra Gardner--Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sept. 16. 53

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic endocarditis, mitral regurgitation — 1946

(c) decompensation hypertensive cardio-vascular — 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Plaque, Arterio sclerosis (general + cerebral)

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION: cerebral accident Oct. 1952 Feb. 1953

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1946, to Sept 11, 1953, that I last saw the deceased alive on Sept. 16, 1953; and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Theodor Dattelmaier M.D. ADDRESS: Stevensville Md DATE SIGNED: Sept. 18 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): I; DATE THEREOF: Sept. 20; NAME OF CEMETERY OR CREMATORY: Stevensville; LOCATION (City, town, or county) (State): Stevensville, Md.

DATE REC'D BY LOCAL REG.: Sept 20-53; REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09342

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) X 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Frederick (Last) Ihle
4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 24, 1891
9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Frederick Ihle
14. MOTHER'S MAIDEN NAME Augusta Caroline Kemick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1917
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife - Grasonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute coronary thrombosis	2 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency	2-3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Sept. 10, 1953, that I last saw the deceased alive on Sept. 10, 1953, and that death occurred at 10:23 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Wm. Martin, Jr., MD ADDRESS Queenstown, Md. DATE SIGNED 9/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 14-53
NAME OF CEMETERY OR CREMATORY Balto. Natl. Cem.
LOCATION (City, town, or county) (State) E. North Ave. Balto. Md.

DATE REC'D BY LOCAL REG. Sept. 10-'53
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Leo T. Cook ADDRESS 1701 N. Patterson Ave. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 16 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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09343

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville Md X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Anne (Last) Schaefer

4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 19

5. SEX Female

6. COLOR OR RACE Col.

7. ~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Stevensville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Nicholson

14. MOTHER'S MAIDEN NAME Clara Oyath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Catherine Johns (Sister) Centreville R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

783.1

Immediate cause (a) Pulmonary hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam for 2A Co Md. ADDRESS Centreville Md DATE SIGNED 9/16 53

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 9-18-53 NAME OF CEMETERY OR CREMATORY Stevensville LOCATION (City, town, or county) near Stevensville (State) Md

DATE REC'D BY LOCAL REG. 9/16/53 REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00844

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Queen Annes COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
STREET ADDRESS (If rural give location) Centreville Landing

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) MARGARET C (Last) SPARKS

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 5-1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen Annes C Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Walters
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lewis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: CLAIM # 220-03-0357F
17. INFORMANT & ADDRESS: Margaret Sparks Centreville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Valvular disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1953, to 9-13, 1953, that I last saw the deceased alive on 9/13, 1953, and that death occurred at 8 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) F. McPherson M.D. ADDRESS Centreville Md DATE SIGNED 9/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 15-53 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) Centreville Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 9/14/53 REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros Centreville ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Narrows
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Queen Anne~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md
STREET ADDRESS (If rural, give location) 3923 Falls Road

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) Chas (Last) Thomas
4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH Nov 15-1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Works in Milk Station
10b. KIND OF BUSINESS OR INDUSTRY Milk Station
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph B Thomas
14. MOTHER'S MAIDEN NAME Jennie V. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 24-30-4172
17. INFORMANT AND ADDRESS Walter F. Thomas Bro 3572 Poole St Balto Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning 850.9

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell over board while fishing =

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W Henry Fisher M.D. (Degree or title) Deputy Med Exam for Q.A.C. Md ADDRESS Centreville Md DATE SIGNED 9/26 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 29-53
NAME OF CEMETERY OR CREMATORY Lorraine Cem Balto Md
LOCATION (City, town, or county) Windsor Mill Rd - (State) Md.

DATE REC'D BY LOCAL REG. 9-26-'53
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Baston Bros Centreville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
SEP [illegible] 3
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09346

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queene Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Starkeys Corner
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Starkeys Corner X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rena (Middle) (Last) Welch

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 84 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benson Briscoe

14. MOTHER'S MAIDEN NAME: Unkrown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: George Welch, Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7 19 53 to 9-15 19 53, that I last saw the deceased alive on 9-14 19 53, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE: W. M. Myers M.D. (Degree or title) ADDRESS Church Hill DATE SIGNED Sept. 17-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept. 17 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) (State) Church Hill, Md.

DATE REC'D BY LOCAL REG. Sept. 17 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

RECEIVED
OCT 7 1953
BUREAU V. S.

09347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price X
LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Price - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) Woodford
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: about 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jno Woodford
14. MOTHER'S MAIDEN NAME: Lucy Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ophelia Blackiston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1953, to Sept 2, 1953 that I last saw the deceased alive on Sept 1, 1953 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: C H Mitchell (Degree or title) M D — ADDRESS: Ford Mosville — DATE SIGNED: 9-3 Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 5
NAME OF CEMETERY OR CREMATORY: Roesville
LOCATION (City, town, or county) (State): near Church Hill Md.

DATE REC'D BY LOCAL REG.: 9-3
REGISTRAR'S SIGNATURE: Edgar L. Lane
24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 11 1953
BUREAU V. S.